

Pittu is brilliant and studious, too. But now and then he falls ill. His IQ is high but his HQ is low. His mother always tells him : "Beta, health is wealth".

**What does your mother say about your health ?**

Are you healthy ? You can study well and participate in sports only if you are healthy. Your IQ may be high but what about your HQ ?

Questions	A	B	C	D
(1) How often do you exercise/ play a physical sport in a week ?	<input type="checkbox"/> Never	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> 3-4 times a week	<input type="checkbox"/> Almost every day
(2) How would you describe your <b>physique</b> (body) ?	<input type="checkbox"/> very overweight/ very underweight	<input type="checkbox"/> Slightly overweight/ Slightly underweight	<input type="checkbox"/> Average	<input type="checkbox"/> <b>Athletic</b> (Physically strong)
(3) How regular are your meal-times ?	<input type="checkbox"/> Highly irregular	<input type="checkbox"/> Slightly irregular	<input type="checkbox"/> More or less regular	<input type="checkbox"/> Always regular and at fixed time.
(4) Do you have breakfast every day ?	<input type="checkbox"/> Very rarely	<input type="checkbox"/> I catch something on the run, not very regularly	<input type="checkbox"/> Most of the time I have breakfast	<input type="checkbox"/> I always start the day with a proper breakfast

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Questions	A	B	C	D
(5) What does your <b>diet</b> (regular food) <b>consist of</b> (made up of) ?	<input type="checkbox"/> Lots of junk, oily and fatty food	<input type="checkbox"/> <b>Sizeable</b> (big) amounts of junk food	<input type="checkbox"/> Regular food, with occasional over eating	<input type="checkbox"/> A proper, balanced diet
(6) How much water/liquid do you drink in a day ?	<input type="checkbox"/> not fix	<input type="checkbox"/> 1-2 litres	<input type="checkbox"/> 3-4 litres	<input type="checkbox"/> more than 4 liters
(7) Do you eat fruits and vegetables ?	<input type="checkbox"/> Only when they're cooked in samosas etc.	<input type="checkbox"/> When I am forced to	<input type="checkbox"/> Some-times	<input type="checkbox"/> Regularly
(8) Are you conscious of the food you eat ?	<input type="checkbox"/> Not at all, I don't believe in counting calories	<input type="checkbox"/> I eat everything	<input type="checkbox"/> I avoid oily food	<input type="checkbox"/> Yes, I always choose good healthy food
(9) What do you snack on in between meals ?	<input type="checkbox"/> <b>Fried</b> (तलेछु) snacks and sweets	<input type="checkbox"/> Whatever's around	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Fruits or nuts
(10) How often do you have soft drink ?	<input type="checkbox"/> 3-4 times a week or more	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> Only occasionally	<input type="checkbox"/> I don't drink
(11) Do you smoke or chew tobacco ?	<input type="checkbox"/> regularly	<input type="checkbox"/> Sometimes	<input type="checkbox"/> I just taste	<input type="checkbox"/> Never
(12) How do you generally feel when you wake up ?	<input type="checkbox"/> I can <b>barely</b> (hardly-भिसभिस) drag myself out of bed	<input type="checkbox"/> I wait for the morning tea to wake me up	<input type="checkbox"/> Could have slept more, but once I am out of bed I am fine	<input type="checkbox"/> Refreshed and ready to start work
(13) How would you describe your study ?	<input type="checkbox"/> Highly stressful, I hate my study	<input type="checkbox"/> A little stressful at times	<input type="checkbox"/> Quite relaxed	<input type="checkbox"/> Enjoyable, I look forward to it every morning

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Questions	A	B	C	D
(14) How regular are your working hours ?	<input type="checkbox"/> Highly irregular	<input type="checkbox"/> Slightly irregular	<input type="checkbox"/> More or less regular	<input type="checkbox"/> Always regular and fixed-timings
(15) How many hours a day you spend <b>commuting</b> (आवा-जा) to and from school and tuition ?	<input type="checkbox"/> More than 3 hours	<input type="checkbox"/> Between 2-3 hours	<input type="checkbox"/> Between 1-2 hours	<input type="checkbox"/> Less than 1 hour
(16) How many hours of sleep do you get every night ?	<input type="checkbox"/> Less than 4 hours	<input type="checkbox"/> 4-6 hours	<input type="checkbox"/> 6-7 hours	<input type="checkbox"/> 8 hours
(17) How often do you take medicines ?	<input type="checkbox"/> I take medicines often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Only when the pain gets unbearable	<input type="checkbox"/> Rarely
(18) How often do you have your health check-up ?	<input type="checkbox"/> Never, I will go to a doctor only when I am dying	<input type="checkbox"/> Whenever a doctor has advised me	<input type="checkbox"/> Once in 2 years	<input type="checkbox"/> Every year
(19) Do you lose your temper easily ?	<input type="checkbox"/> Yes, I'm hot-tempered	<input type="checkbox"/> Sometimes occasions demand it	<input type="checkbox"/> Rarely, I try to keep my anger under control	<input type="checkbox"/> I can't remember the last time I got angry
(20) How much time do you spend on entertainment with family and friends ?	<input type="checkbox"/> No time for them	<input type="checkbox"/> Occasionally sit with them.	<input type="checkbox"/> Less than an hour a day	<input type="checkbox"/> Hours together. every evening
(21) How often do you get your eye-sight checked ?	<input type="checkbox"/> Never done it in my life	<input type="checkbox"/> Only when a problem arises	<input type="checkbox"/> Once in 2-3 years	<input type="checkbox"/> Regularly, every year
(22) How often do you go to a dentist ?	<input type="checkbox"/> I never go to a dentist, I am scared	<input type="checkbox"/> Only when a problem arises	<input type="checkbox"/> Once in 2-3 years	<input type="checkbox"/> Regularly every year

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Questions	A	B	C	D
(23) What do you do if you are feeling unwell ?	<input type="checkbox"/> Self-medicate	<input type="checkbox"/> Visit a specialist	<input type="checkbox"/> Go to the nearest hospital	<input type="checkbox"/> Consult my family physician immediately
(24) How often do you take a vacation ?	<input type="checkbox"/> I never take a vacation	<input type="checkbox"/> Once a year	<input type="checkbox"/> Twice a year	<input type="checkbox"/> Once every <b>quarter</b> (3 months)
(25) How many hours do you spend watching TV everyday ?	<input type="checkbox"/> 4 hours or more, I am often called a couch potato (જાડિયો)	<input type="checkbox"/> 2-3 hours, I watch a movie every night	<input type="checkbox"/> 1-2 hours during mealtimes only	<input type="checkbox"/> Less than an hour, just catch my favourite stuff
<b>TOTAL</b>	<b>A =</b>	<b>B =</b>	<b>C =</b>	<b>D =</b>

Now Count total number of A, B, C and D you have ticked.

A = \_\_\_\_\_ x 1 = \_\_\_\_\_

B = \_\_\_\_\_ x 2 = \_\_\_\_\_

C = \_\_\_\_\_ x 3 = \_\_\_\_\_

D = \_\_\_\_\_ x 4 = \_\_\_\_\_

Total \_\_\_\_\_

It is your H.Q.

If your score is	Rating	Comment
81-100	Good	Very good score, All things are under control, with major health risks taken care of. Keep up the good work!
61-80	Satisfactory	If taken care of, you are away from health risks.
41-60	Unsatisfactory	Your score needs a lot of improvement. You have a lot of health risks.
40 below	Poor	You have possibility of all lifestyle related health <b>hazards</b> (dangers).

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## Do it Yourself

**Q.1 (A) Fill in the blanks with appropriate words from the bracket :**

1. Diwali comes \_\_\_\_\_ in a year. (always, once)
2. We get vacations \_\_\_\_\_ a year. (once, twice)
3. We \_\_\_\_\_ go to our relatives places to meet them. (always, occasionally)
4. He is very irregular. He \_\_\_\_\_ comes on time. (rarely, always)
5. We go to school \_\_\_\_\_ a week. (7 times, 6 time, 5 times)

**(B) Circle the appropriate words :**

1. We should take Junk / cooked food in the recess time.
2. The doctor advised me to take Fresh / stale fruits every days.
3. At 4 pm I take breakfast / snacks.
4. I have meal / take dinner twice a day
5. The food becomes sweeter if we eat/chew a lot.

**Q.2 Classify the 25 questions you have answered according to the following category. (Mention only question numbers.)**  
**First three have been done for you :**

Type of question	Question No.
Sports and Exercise	1,
Character of body	2,
Food habits	3,
Habits/Addiction	
Nature/Feeling	
Work	
Rest/Entertainment	
Medical	

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